

Encounter Editor	
Hypertension	Template Review Submit
Description	Initial Assessment Date 06/25/00
History	Physical
Patient is a 75 year old [race] male with a left lower extremity arterial embolism, post operative day #21 Past Medical History:	Lower Extremities: Left lower extremity warm, pulses 2+, capillary refill < 2 sec Mental Status Exam:
Assessment and Plan	
[Diagnosis] [Medications] [Infusion/Catheter Instructions] [Standing Orders]	

FIG. 1

The symptoms are associated with [associated-symptoms]. The patient is noted [causative factors] as causative factors. The symptoms occur [symptom-occurrence] and are exacerbated by [exacerbating-factors]. The symptoms are relieved by [relieving-factors]. The patient describes his/her symptoms as [symptom description].

The symptoms	[symptom description]	exertion and [hav
assessment a	[redacted]	
	Cancel	

Data Review: A review of the currently available data reveals: [diagnosis]

FIG. 2

ns of [associated symptoms]. The
 r for [pertinent PMH]. He/She
 sk factors including: [pertinent
 r of [smoking history]

General Appearance

Head:

- more than 0.5 pack per day cigarette
- 0.5 to 1.0 pack per day cigarette
- 1.0 to 1.5 packs per day cigarette
- 1.5 to 2.0 packs per day cigarette
- more than 2 packs per day cigarette
- cigar
- pipe
- marijuana
- illicit drug
- cigarette, cigar or pipe

available data re

[HTN] [ass

Number of ROS:

FIG. 3

assessment and plan	
Data Review: A review of the currently available data reveals: [diagnostics].	
Clinical Impression: [assessment modifier] [HTN] [assessment status]	
Work-Up: [Hypertension Work-up]	
Plan: After a complete review of the available data, I have elected to [therapy modifier] the patient's therapy based on the opti	
Therapeutic Plan: [HTN Rx]	<div><div><input checked="" type="checkbox"/> HTN Rx</div><div><div><input type="radio"/> <input type="checkbox"/> Diet Therapy</div><div><input type="radio"/> <input checked="" type="checkbox"/> Lifestyle Modification<ul style="list-style-type: none"><input checked="" type="checkbox"/> Weight Loss<input type="checkbox"/> Reduction of Ethanol Intake<input checked="" type="checkbox"/> Reduce Saturated Fat and Cholesterol Intake<input checked="" type="checkbox"/> stop smoking<input type="checkbox"/> Exercise<input type="checkbox"/> Stress Reduction</div><div><input type="radio"/> <input type="checkbox"/> Beta Blocker(s)</div><div><input type="radio"/> <input type="checkbox"/> Diuretic(s)</div></div><div>Cancel</div></div>

FIG. 4

Prior Data: Refer to data previously collected from History and Physical
 [Date of History and Physical]

18 Nov 2000							
<<		<		>		>>	
S	M	T	W	T	F	S	
			1	2	3	4	
5	6	7	8	9	10	11	
12	13	14	15	16	17	18	
19	20	21	22	23	24	25	
26	27	28	29	30			

assessment

Data Review

Clinical Impression

problem if

Cancel

Clinical Impression 2: [assessment modifier] [assessment (dx or problem if dx not established)] , [assessment status]

Clinical Impression 3: [assessment modifier] [assessment (dx or problem if dx not established)] , [assessment status]

FIG. 5

merican male who presents with
 abdominal pain of [number]

associated-symptoms]. The
 factors. The symptoms
 rated by [exacerbating
 ent describes his/her s

			12
1	2	3	
4	5	6	
7	8	9	
.	0	DEL	
OK			
Cancel			

FIG. 6

PARSING PROCESS

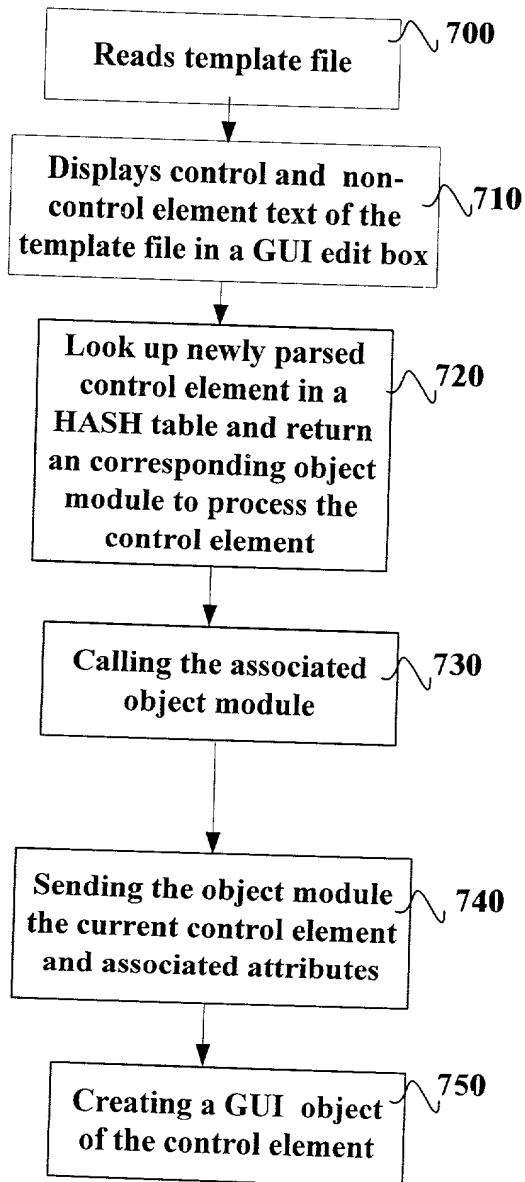


FIG. 7

Creating a GUI representation of a Pop Up Menu Module

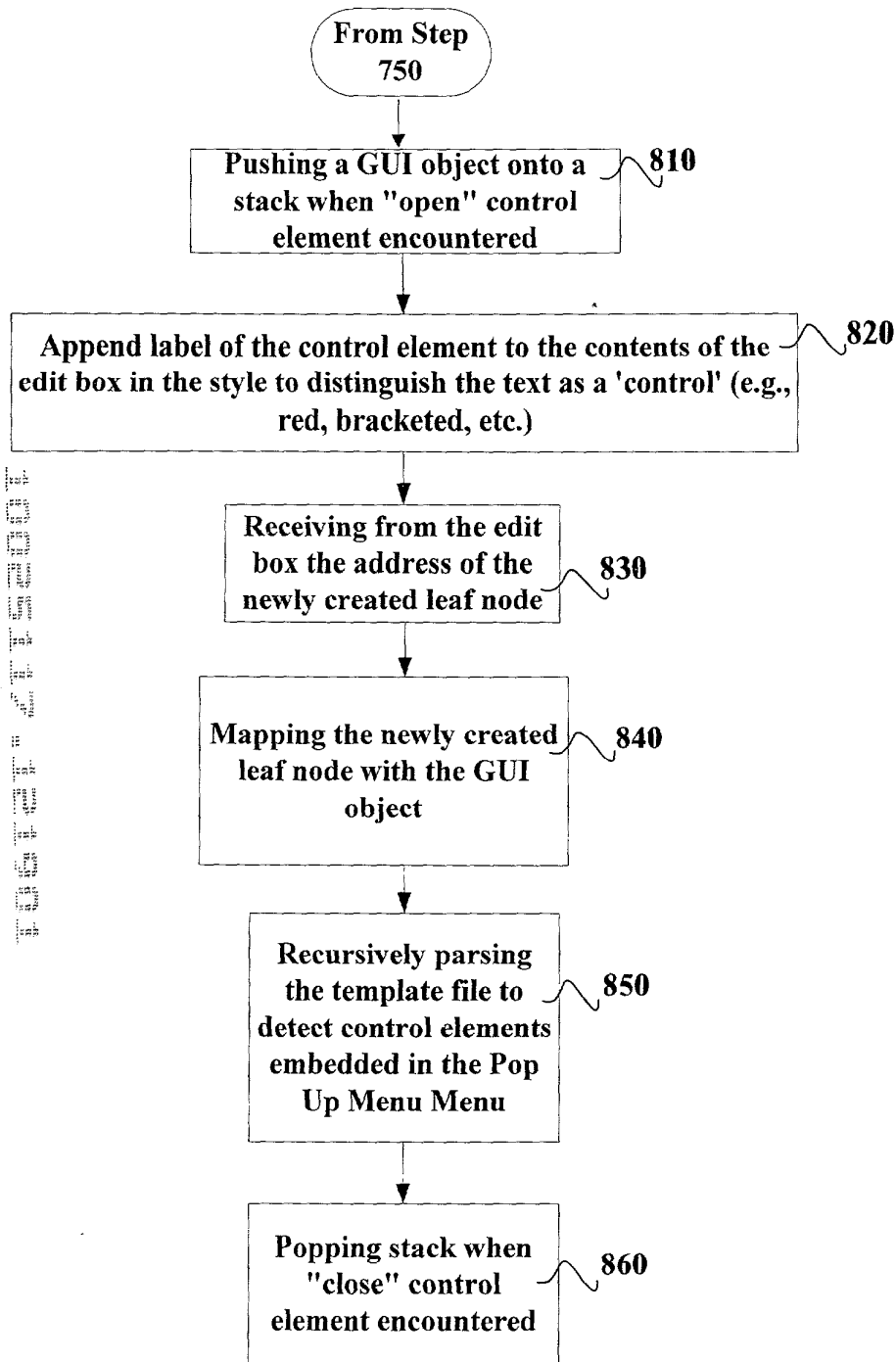
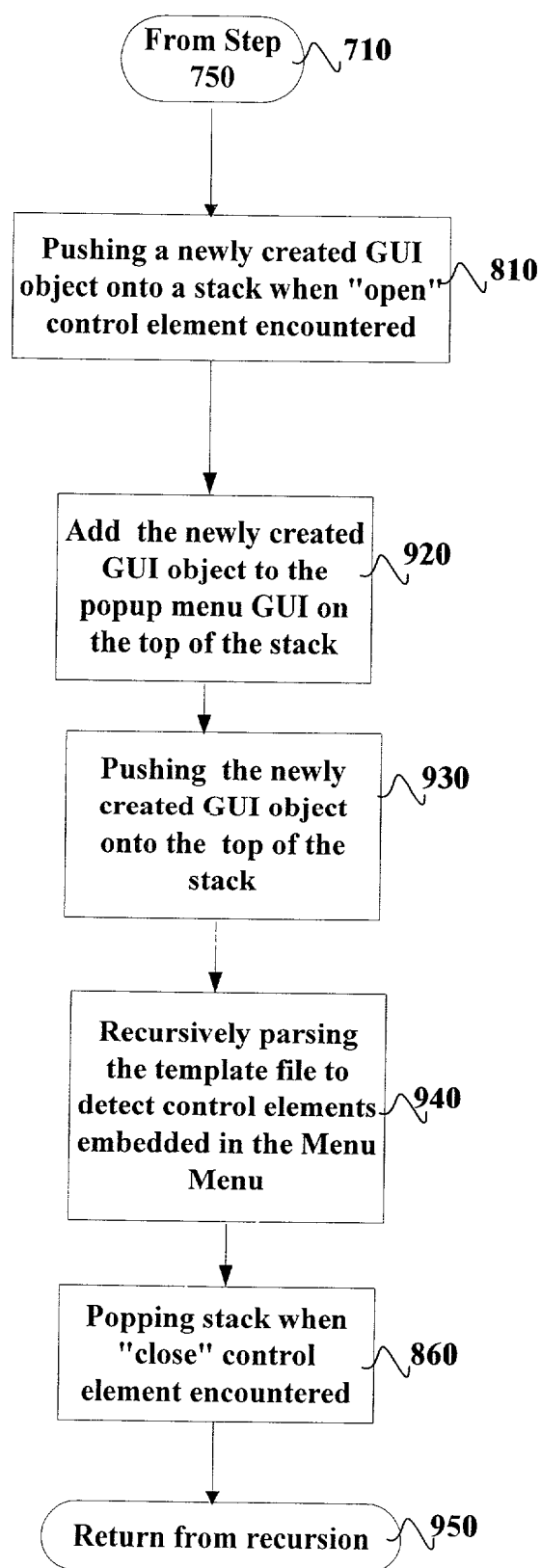


FIG. 8

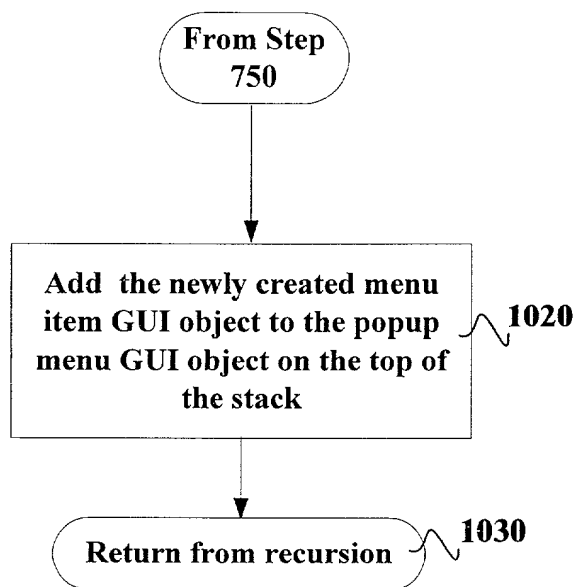
Creating a GUI representation of a Menu Module

FIG. 9



**Creating a GUI representation of a Menu Item
Module**

FIG. 10



Editor User

FIG. 11

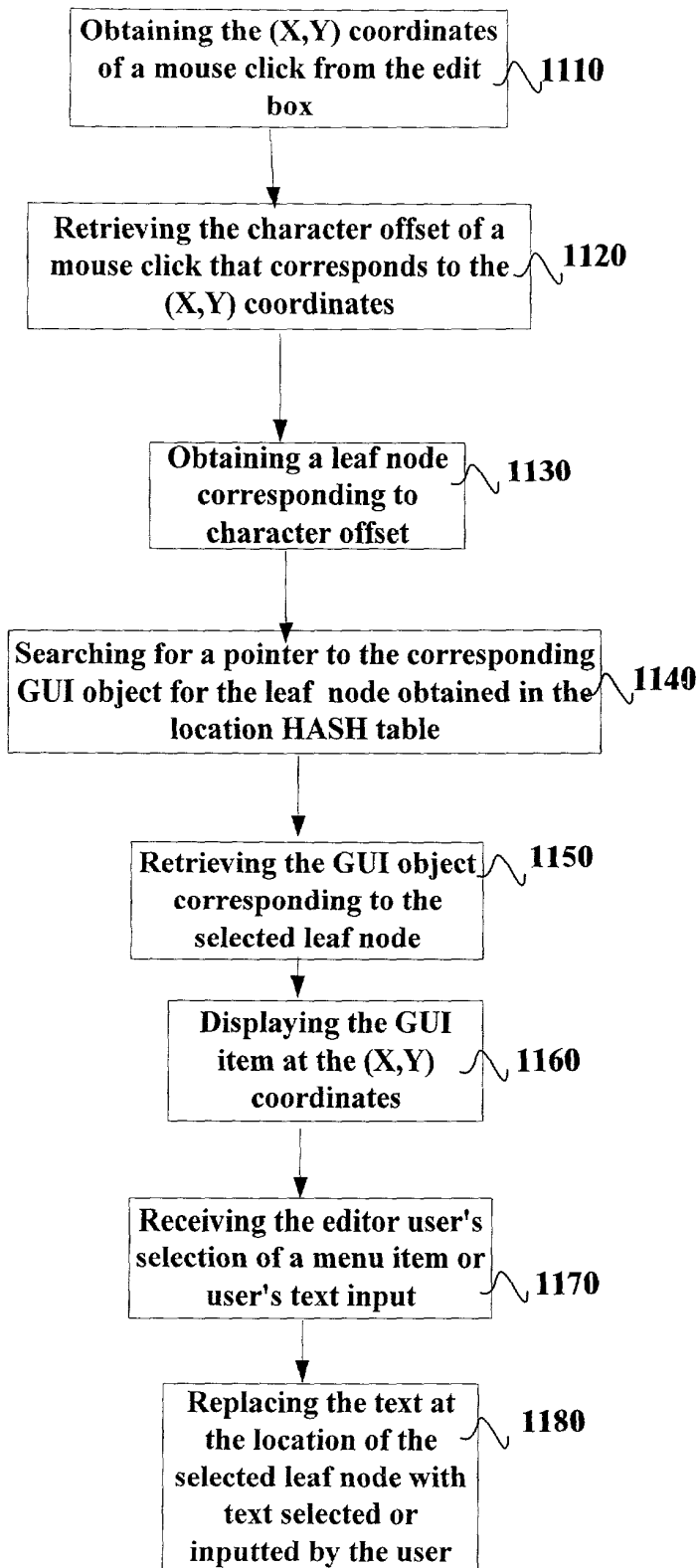


FIG. 12

